

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2391SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/13/2009
NAME OF PROVIDER OR SUPPLIER TLC CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 W WARM SPRINGS RD HENDERSON, NV 89014		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on August 13, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00021530 was unsubstantiated. Complaint #NV00022148 was substantiated with deficiencies cited. (See Tags Z 071 and Z 265).</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000			
Z 71 SS=E	<p>NAC 449.74431 Summary of discharge</p> <p>2. A summary of discharge must include: (a) A summary of the pertinent information relating to the patient's stay at the facility; (b) A final summary of the patient's physical, mental and psychosocial health at the time of discharge, including, without limitation, the information required to be included in a comprehensive assessment of the patient pursuant to subsection 2 of NAC 449.74433; and</p>	Z 71			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z 71	Continued From page 1 (c) A plan of care for the patient after his discharge that assists the patient in adjusting to his new living environment. The plan of care must be developed with the participation of the patient and members of his family. This Regulation is not met as evidenced by: Based on record review, policy review and interview, the facility failed to include the areas of activities of daily living and diagnoses on patient transfer forms in accordance with facility policy for 4 of 6 residents. (Residents #3, #4, #5, and #6) Severity: 2 Scope: 2	Z 71			
Z265 SS=D	NAC 449.74477 Pressure Sores Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that a patient: 1. Who is admitted to the facility without pressure sores does not develop pressure sores unless the development of pressure sores is unavoidable because of the medical condition of the patient; and This Regulation is not met as evidenced by: Based on record review and photographic evidence review, the facility failed to prevent pressure sore formation for 1 of 6 residents. (Resident #1) Severity: 2 Scope: 1	Z265			

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